

**PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT**

INDUSTRIAL	120-2521
8110	8115 8120 8205
NOV 26 2003	

**SECTION A**

1. Company Name: LIPD CHEMICALS, INC.
2. Permit Number if applicable: 27200035
3. Location: 207 19<sup>th</sup> AVENUE  
PATERSON N.J. Zip Code: 07504
4. Mailing Address: "SAME"  
Zip Code: \_\_\_\_\_
5. Person to contact concerning information provided in this application:  
Name of Contact Official: IAN VAUGHAN  
Title: DIRECTOR OF OPERATIONS Phone No.: 973-345-8600  
Address: "SAME" Zip code: \_\_\_\_\_
6. Number of Employees – Full Time: 81 Part Time: 4  
Number of Work Days Per Year: 252  
Number of Shifts Per Day: 2
7. If property is owned indicate block and lot number(s): BLOCK L1476, LOTS 1, 2 + 10;  
BLOCK L1475, LOTS 2, 3, 4 + 5. BLOCK L1475, LOT 11 AND BLOCK L1466, LOTS 4, 24 + 25  
Assessed Value: \$5,780,000 AS OF DECEMBER 2000
8. If property is rented indicate name and address of owner: N/A

Total square feet rented: N/A

9. List NJPDES Permit Number if applicable, N/A and  
Name of receiving Body of Water entered N/A

## SECTION B

WATER DATA

## 10. Water Source: (Circle all appropriate answers)

Purchased

Y - N

Well

Y - N

If Y, is it metered

Y - N

River

Y - N

If Y, is it metered

Y - N

11. Name of purchased water supplier: PASSAIC VALLEY SEWERAGE COMMISSIONERSList all Account #'s: 125021-110470, 34623-110474, 118279-110452,  
118283-110454, 118295-110466, 118297-11046812. Water Received: From Mo. 7 Yr. 02 Through Mo. 7 Yr. 03.

(\* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 <sup>st</sup> Qtr.	547,536	N/A	N/A	547,536
2 <sup>nd</sup> Qtr.	724,064	N/A	N/A	724,064
3 <sup>rd</sup> Qtr.	1,192,312	N/A	N/A	1,192,312
4 <sup>th</sup> Qtr.	1,320,968	N/A	N/A	1,320,968

GRAND TOTAL 3,784,880

Report in gallons

## 13. Water Use and Disposition (\*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	417,713 *	N/A	
Process waste water	292,400 *	N/A	
Cooling water	647,360 *	N/A	
Evaporation			189,244 *
Contained in the product			50,000 *
Other (describe) <u>LAB SEWER USE,</u>			2,188,163 *

PLANT CLEANING, FLOOR CLEANING  
EQUIPMENT CLEANING. MAJORITY OF  
CLEANING DONE BETWEEN MARCH 03  
AND JULY 03

GRAND TOTAL 3,784,880

**SECTION B (continued)**

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer

(Y) - N

To the Combined Sewer

Y (N)

To the Storm Sewer

Y (N)

River or Ditch

Y (N)

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
	N/A		No PROCESS WASTE OR
			SLUDGE REMOVED FROM
			FACILITY

**SECTION C****OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous \_\_\_\_\_
- 
- or intermittent \_\_\_\_\_ each operating day.

If the discharge is intermittent, it occurs between the following hours: 7 A.M. to MIDNIGHT

17. Brief description of Manufacturing or other activity performed:
- PRODUCE AND DISTRIBUTE
- 
- RAW MATERIALS TO COSMETIC AND PERSONAL CARE INDUSTRY.

List SIC CODE #: 2844, 2869

18. Principal Raw Materials used:
- FATTY ACIDS, FATTY ALCOHOLS, AND
- 
- ETHOXYLATED FATTY ALCOHOLS.

19. Principal Products or Services:
- RAW MATERIALS FOR COSMETIC AND PERSONAL
- 
- CARE INDUSTRY : EMULSIFIERS, NATURAL OILS,
- 
- EMULSIONS AND EMULSIFYING WAXES.

20. Describe seasonal variations, if significant, giving dates, volumes, rates, hours, etc.

Include variations in product lines which affect waste characteristics: NO SIGNIFICANT SEASONAL VARIATIONS

Does this facility shutdown for vacation(s)? NO If so, is it basically the same time each year. \_\_\_\_\_ Provide dates usually shutdown \_\_\_\_\_

### SECTION D

#### MONITORING

21. Describe any pretreatment process or effluent monitoring system in use:

Outlet # 27200035-1 24 Hour - CONTINUOUS p.H. MONITORING SYSTEM

Outlet # 27200035-2 NONE

Outlet # 27200035-3 NONE

22. Sampling information:

<u>Outlet</u>	<u>Contains Industrial Waste</u>	<u>Sampler Type</u>	<u>Refrigerated</u>
27200035-1	YES	AMERICAN SIGMA 900 COMPOSITE	YES
27200035-2	YES	"	YES
27200035-3	NO-DOMESTIC SEWERAGE	N/A	N/A

SECTION D (continued)

23. Volume Information: DAILY FLOW FOR OUTLET # 27200035-1 IS FOR  
PROCESS WASTE WATER ONLY.

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
#27200035-1	1,155	No		
#27200035-2	2,525	No		
#27200035-3	1,657	No		

24. Frequency of calibration of each flow meter: N/A

25. Attach plot plan of the property showing:

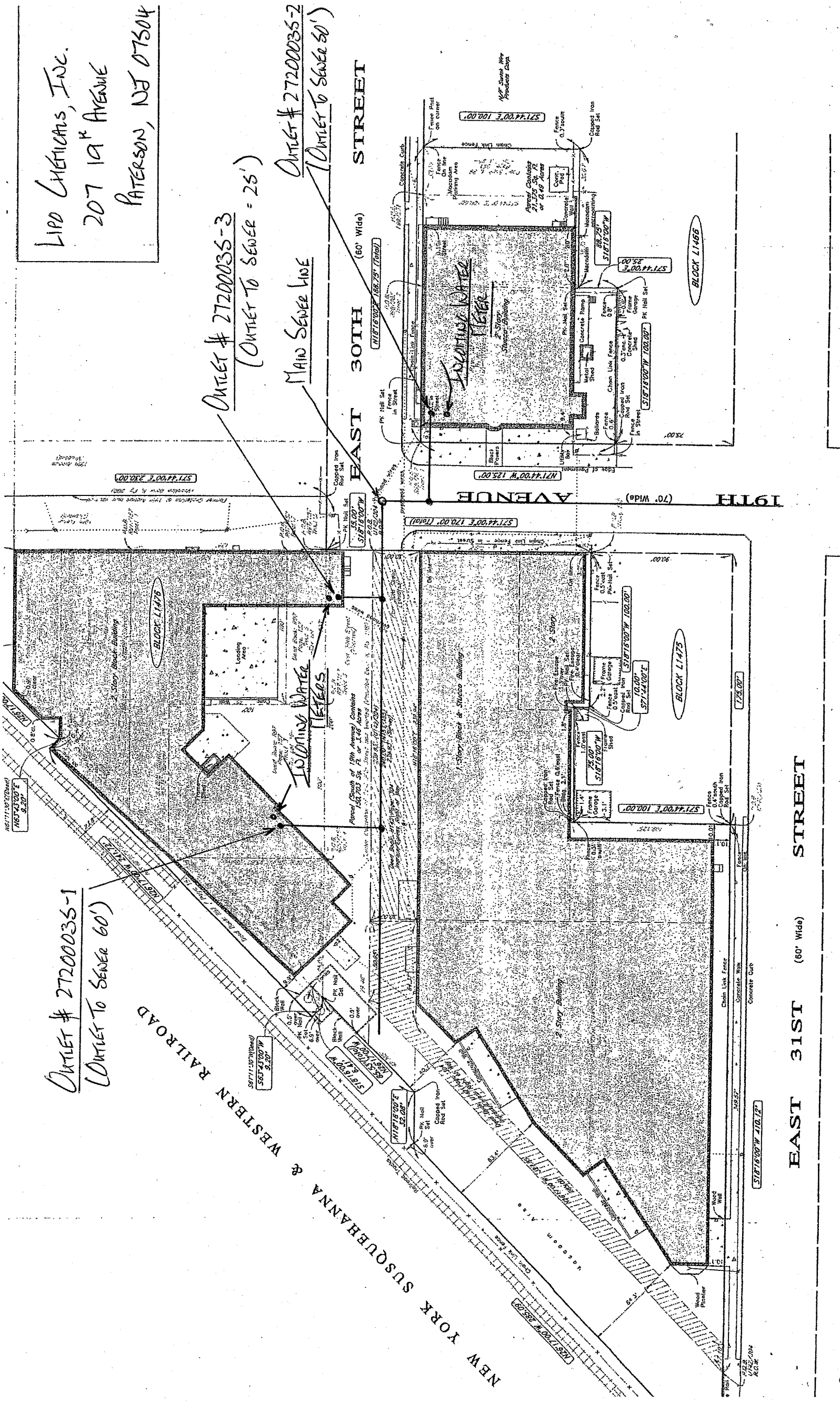
- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

LIPD CHEMICALS, INC.  
207 19<sup>th</sup> AVENUE  
PATERSON, NJ 07504

Outlet # 27200035-1  
(Outlet to Sewer 60')

Outlet # 27200035-3  
(Outlet to Sewer = 25')

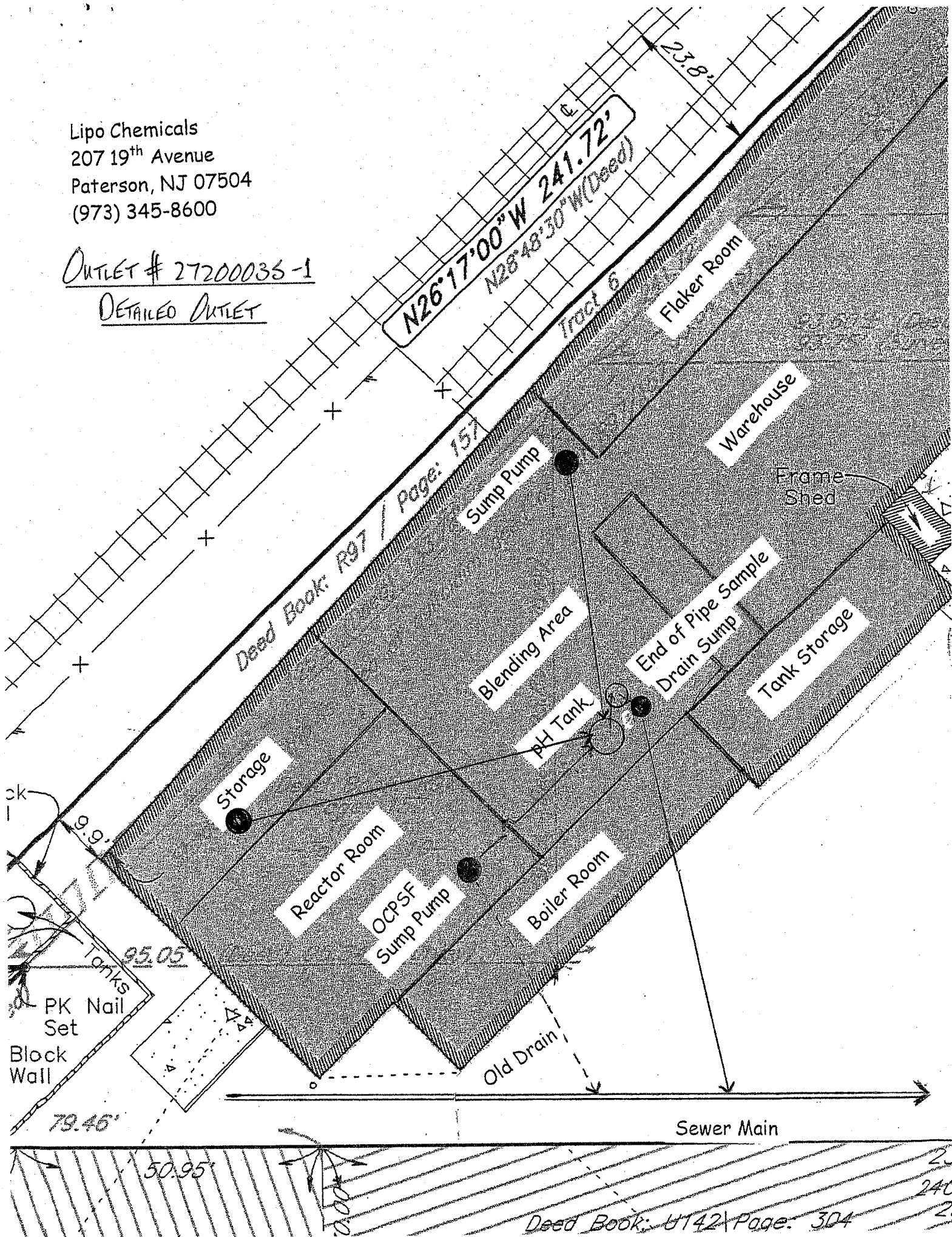
Outlet # 27200035-2  
Main Sewer Line  
(Outlet to Sewer 50')



Lipo Chemicals  
207 19<sup>th</sup> Avenue  
Paterson, NJ 07504  
(973) 345-8600

Outlet # 27200035-1

DETAILED OUTLET



**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 27200035-1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
<u>Code</u>	<u>Parameter</u>	<u>Value</u>	<u>Code</u>	<u>Parameter</u>	<u>Value</u>
0200*	Radioactivity (PL-1)	N/A	1097*	Antimony (Sb)	N/A
0500	Total Solids	595 mg/l	1002*	Arsenic (As)	N/A
0505	Volatile Solids	372 mg/l	1022*	Boron (B)	N/A
0530	Total Suspended Solids	2000 mg/l	1027	Cadmium (Cd)	<0.4 mg/l
0540	Volatile Suspended Solids	1990 mg/l	1034*	Chromium Total (Cr)	N/A
0555	(1)(3) Petroleum Hydrocarbons	20.8 mg/l	1042	Copper (Cu)	36.6 mg/l
0310	Biochemical Oxygen Demand (BOD)	1890 mg/l	1045*	Iron (Fe)	N/A
			1051	Lead (Pb)	10.5 mg/l
0340	Chemical Oxygen Demand (COD)	6560 mg/l	0720*(3)	Cyanide (Cn)	N/A
			1900	Mercury (Report to 0.XXX)	<0.1 mg/l
0680	Total Organic Carbon (TOC)	1030 mg/l	1067	Nickel (Ni)	7.5 mg/l
			1147*	Selenium (Se)	N/A
9000	pH(standard unit range)	6.67	1077*	Silver (Ag)	N/A
0610	(1) Ammonia as N	<0.1 mg/l	1102*	Tin (Sn)	N/A
0550	(1)(3) Total Oil & Grease	395 mg/l	1092	Zinc (Zn)	141 mg/l
0745*	(1) Sulfide	N/A	2730	Phenol	<0.05 mg/l
0507*	(1) Ortho Phosphates as P	N/A	4053*	Pesticides (Report to 0.XXX)	N/A
0625*	(1) Kjeldahl N as N	N/A			
9998*	(2)(3) TTO (Report to 0.XXX)	N/A	9999*(3)	TTVO (Report to 0.XXX)	N/A

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

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8/89  
7/90  
9/94  
8/95  
11/95  
07/98



**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 27200035 -2

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	N/A	1097*	Antimony (Sb)	N/A
0500	Total Solids	452 mg/l	1002*	Arsenic (As)	N/A
0505	Volatile Solids	183 mg/l	1022*	Boron (B)	N/A
0530	Total Suspended Solids	48.0 mg/l	1027	Cadmium (Cd)	<0.4 mg/l
0540	Volatile Suspended Solids	46.0 mg/l	1034*	Chromium Total (Cr)	N/A
0555	(1)(3) Petroleum Hydrocarbons	2.4 mg/l	1042	Copper (Cu)	36 mg/l
0310	Biochemical Oxygen Demand (BOD)	225 mg/l	1045*	Iron (Fe)	N/A
			1051	Lead (Pb)	5.6 mg/l
0340	Chemical Oxygen Demand (COD)	412 mg/l	0720*(3)	Cyanide (Cn)	N/A
			1900	Mercury (Report to 0.XXX)	<0.10 mg/l
0680	Total Organic Carbon (TOC)	810 mg/l	1067	Nickel (Ni)	1.7 mg/l
			1147*	Selenium (Se)	N/A
9000	pH(standard unit range)	7.23	1077*	Silver (Ag)	N/A
0610	(1) Ammonia as N	1.9 mg/l	1102*	Tin (Sn)	N/A
0550	(1)(3) Total Oil & Grease	<10.0 mg/l	1092	Zinc (Zn)	42.3 mg/l
0745*	(1) Sulfide	N/A	2730	Phenol	<0.05 mg/l
0507*	(1) Ortho Phosphates as P	N/A	4053*	Pesticides (Report to 0.XXX)	N/A
0625*	(1) Kjeldahl N as N	N/A			
9998*	(2)(3) TTO (Report to 0.XXX)	N/A	9999*(3)	TTVO (Report to 0.XXX)	N/A

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

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**SECTION E****ANALYSIS OF INDUSTRIAL WASTE**

N/A - All DOMESTIC SEWERAGE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 27200035 -3

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)	N/A	1097*	Antimony (Sb)	N/A
0500	Total Solids	N/A	1002*	Arsenic (As)	N/A
0505	Volatile Solids	N/A	1022*	Boron (B)	N/A
0530	Total Suspended Solids	N/A	1027	Cadmium (Cd)	N/A
0540	Volatile Suspended Solids	N/A	1034*	Chromium Total (Cr)	N/A
0555	(1)(3) Petroleum Hydrocarbons	N/A	1042	Copper (Cu)	N/A
0310	Biochemical Oxygen Demand (BOD)	N/A	1045*	Iron (Fe)	N/A
			1051	Lead (Pb)	N/A
0340	Chemical Oxygen Demand (COD)	N/A	0720*(3)	Cyanide (Cn)	N/A
			1900	Mercury (Report to 0.XXX)	N/A
0680	Total Organic Carbon (TOC)	N/A	1067	Nickel (Ni)	N/A
			1147*	Selenium (Se)	N/A
9000	pH(standard unit range)	N/A	1077*	Silver (Ag)	N/A
0610	(1) Ammonia as N	N/A	1102*	Tin (Sn)	N/A
0550	(1)(3) Total Oil & Grease	N/A	1092	Zinc (Zn)	N/A
0745*	(1) Sulfide	N/A	2730	Phenol	N/A
0507*	(1) Ortho Phosphates as P	N/A	4053*	Pesticides (Report to 0.XXX)	N/A
0625*	(1) Kjeldahl N as N	N/A			
9998*	(2)(3) TTO (Report to 0.XXX)	N/A	9999*(3)	TTVO (Report to 0.XXX)	N/A

## FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.  
 (\*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.  
 (2) See instructions.  
 (3) Grab sample required

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 8/89  
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 9/94  
 8/95  
 11/95  
 07/98

**SECTION E (continued)**

Samples collected by: SEVERN TRENT

Date: 10/24/03

Sample analyzed by: SEVERN TRENT Date: 10/24/03

Products being manufactured when sample was collected: LIPONATE SS (REACTION OF STEARYL ALCOHOL AND STEARIC ACID)

27. Who performs the analyses of the samples for User Charge? SEVERN TRENT

28. Is the Laboratory certified by NJDEP to conduct all the analyses? (Y) - N \_\_\_\_\_

29. Who performs the analyses of the samples for the Pretreatment Parameters?  
SEVERN TRENT

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

(Y) - N YES

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

**SECTION F****PRETREATMENT**

32. Industrial Category: OLPSF 40 CFR SECTION 414.100  
 Subpart (s): SUBPART J
33. Compliance date(s): NOVEMBER 1990
34. Is facility in compliance? YES If not, and if compliance date has passed, explain actions being taken to get into compliance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
35. Date Baseline Monitoring Report (BMR) submitted to PVSC: N/A
36. Compliance schedule submitted: N/A  
 If yes is facility on schedule? \_\_\_\_\_ Explain if compliance date will not be met: \_\_\_\_\_  
 \_\_\_\_\_
37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?  
 If yes, describe No
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?  
 If yes, describe N/A
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - (N) No
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: \_\_\_\_\_  
 \_\_\_\_\_  
 Is there any plan to discharge groundwater? No  
 \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION\*:**

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: \_\_\_\_\_

IAN VAUGHAN

Print Name

TITLE: \_\_\_\_\_

DIRECTOR OF OPERATIONS

11/17/03

DATE

*Ian Vaughan*

SIGNATURE

\*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

**TABLE 1 EPA PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				✓	2,4 dimethylphenol			✓	
acrolein			✓		2,4 dinitrotoluene			✓	
acrylonitrile			✓		2,6 dinitrotoluene			✓	
benzene			✓		1,2 diphenylhydrazine			✓	
benzidine			✓		ethylbenzene			✓	
carbon tetrachloride (tetrachloromethane)			✓		fluoranthene			✓	
chlorobenzene			✓		4-chlorophenyl phenyl ether			✓	
1,2,4-trichlorobenzene			✓		4-bromophenyl phenyl ether			✓	
hexachlorobenzene			✓		bis(2-chloroisopropyl) ether			✓	
1,2 dichloroethane			✓		bis(2-chloroethoxy) methane			✓	
1,1,1 trichloroethane			✓		methylene chloride(dichloromethane)				✓
hexachloroethane			✓		methyl chloride (chloromethane)			✓	
1,1,dichloroethane			✓		methyl bromide (bromomethane)			✓	
1,1,2 trichloroethane			✓		bromoform(tribromomethane)			✓	
1,1,2,2 tetrachloroethane			✓		dichlorobromomethane			✓	
chloroethane			✓		trichlorofluoromethane			✓	
bis(chloromethyl) ether			✓		dichlorodifluoromethane			✓	
Bis(2 chloroethyl) ether			✓		chlorodibromomethane			✓	
2-chloroethyl vinyl ether mixed			✓		hexachlorobutadiene			✓	
2-chloronaphthalene			✓		hexachlorocyclopentadiene			✓	
2,4,6, trichlorophenol			✓		isophorone			✓	
parachlorometa cresol			✓		naphthalene			✓	
Chloroform (trichloromethane)	✓				nitrobenzene			✓	
2 chlorophenol			✓		2-nitrophenol			✓	
1,2, dichlorobenzene			✓		4-nitrophenol			✓	
1,3, dichlorobenzene			✓		2,4-dinitrophenol			✓	
1,4, dichlorobenzene			✓		4,6 dinitro-o cresol			✓	
3,3, dichlorobenzidine			✓		N-nitrosodimethylamine			✓	
1,1,dichloroethylene			✓		N-nitrosodiphenylamine			✓	
1,2 trans-dichloroethylene			✓		N-nitrosodi-n-propylamine			✓	
2,4,dichlorophenol			✓		pentachlorophenol			✓	
1,2, dichloropropane			✓		phenol			✓	
1,3, dichloropropylene			✓						
(1,3 dichlor propene)			✓						

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**TABLE 1 EPA PRIORITY POLLUTANTS (continued)****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate		✓			endrin				✓
butylbenzylphthalate				✓	endrin aldehyde				✓
di-n-butylphthalate				✓	heptachlor				✓
di-n-octylphthalate				✓	heptachlor (epoxide)				✓
diethylphthalate		✓			BHC Alpha				✓
dimethylphthalate			✓		BHC Beta				✓
benzo(a)anthracene			✓		BHC Gamma				✓
benzo(a)pyrene			✓		BHC Delta				✓
3,4 benzofluoranthene			✓		PCB1242				✓
benzo(k) fluoranthene			✓		PCB1254				✓
chrysene			✓		PCB1221				✓
acenaphthylene			✓		PCB1232				✓
anthracene			✓		PCB1248				✓
benzo(ghi)perylene			✓		PCB1260				✓
fluorene			✓		PCB1016				✓
phenanthrene			✓		toxaphene				✓
dibenzo (a,h) anthracene			✓		antimony(total)				✓
indeno (1,2,3-c,d) pyrene			✓		arsenic (total)				✓
pyrene			✓		asbestos (fibrous)				✓
tetrachloroethylene				✓	beryllium (total)				✓
toluene			✓		cadmium (total)				✓
trichloroethylene				✓	chromium (total)				✓
vinyl chloride			✓		copper (total)	✓			
aldrin				✓	cyanide (total)				✓
dieldrin				✓	lead (total)	✓			
chlordane				✓	mercury (total)				✓
4,4 DDT				✓	nickel (total)		✓		
4,4, DDE				✓	selenium (total)				✓
4,4, DDD				✓	silver (total)				✓
endosulfan 1				✓	thallium (total)				✓
endosulfan 11				✓	zinc (total)	✓			
endosulfan sulfate				✓	2,3,7,8, tetrachlorodibenzo p-dioxin				✓

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 2 NJDEP EXPANDED PRIORITY POLLUTANTS****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				✓	n,n-dimethyl aniline				✓
amitrole				✓	3,3-dimethyl benzidine				✓
amyl alcohols				✓	1,1-dimethylhydrazine				✓
aniline hydrochloride				✓	dioxane				✓
anisole				✓	diphynylamine				✓
auramine				✓	ethylenimine				✓
benzotrichloride				✓	hydrazine				✓
benzylamine				✓	4,4-methylene bis				✓
					(2-chloraniline)				✓
o-chloroaniline				✓	4,4-methylenedianiline				✓
m-chloroaniline				✓	methyl isobutyl ketone				✓
p-chloraniline				✓	alpha-naphthylamine				✓
1-chloro-2-nitrobenzene				✓	beta-naphthylamine				✓
1-chloro-4-nitrobenzene				✓	n-methylaniline				✓
chloroprene				✓	1,2- phenylenediamine				✓
chrysoidine				✓	1,3- phenylenediamine				✓
cumene				✓	1,4-phenylenediamine				✓
2,3-dichloroaniline				✓	sudan 1 (solvent yellow 14)				✓
2,4-dichloroaniline				✓	thiourea				✓
2,5-dichloroaniline				✓	toluene sulfonic acids				✓
3,4-dichloroaniline				✓	toluidines				✓
3,5-dichloroaniline				✓	xylidines				✓
1,3-dichloropropene			✓						
1,3-dimethoxybenzidine				✓					

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**



**TABLE 3 EPA HAZARDOUS SUBSTANCES****CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acetaldehyde				✓	isopropanolamine				✓
allyl alcohol				✓	kelthane				✓
allyl chloride				✓	kepone				✓
amyl acetate				✓	malathion				✓
aniline				✓	mercaptodimethur				✓
benzonitrile				✓	methoxychlor				✓
benzyl chloride				✓	methyl mercaptan				✓
butyl acetate				✓	methyl methacrylate				✓
butylamine				✓	methly parathion				✓
captan				✓	mevinphos				✓
carbaryl				✓	mexacarbate				✓
carbofuran				✓	monoethylamine				✓
carbon disulfide				✓	monomethylamine				✓
chlorpyrifos				✓	naled				✓
coumaphos				✓	napthenic acid				✓
cresol				✓	nitrotoluene				✓
crotonaldehyde				✓	parathion				✓
cyclohexane				✓	phenolsulfanate				✓
2,4-D (2,4-dichlorophenoxy)				✓	phosgene				✓
acetic acid				✓	propagrite				✓
diazinon				✓	propylene oxide				✓
dicamba				✓	pyrethrins				✓
dichlobenil				✓	quinoline				✓
dichlone				✓	resorcinol				✓
2,2-dichloropropionic acid				✓	strontium				✓
dichlorvos				✓	strychnine				✓
diethylamine				✓	stryrene				✓
dimethylamine				✓	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				✓
dinitrobenzene				✓	TDE (tetrachloro- diphenylethane)				✓
diquat				✓	2,4,5-TP 2(2,4,5- trichlorophenoxy				✓
disulfoton				✓	trichlorofon				✓
diuron				✓	triethylamine				✓
epichlorohydrin				✓	trimethylamine				✓
					propanoic acid				✓

- A. KNOWN TO BE PRESENT  
 B. SUSPECTED TO BE PRESENT  
 C. KNOWN TO BE ABSENT  
 D. SUSPECT TO BE ABSENT

**TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)****CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				/	uranium				/
ethion				/	vanadium				/
ethylene diamine				/	vinyl acetate				/
ethylene dibromide				/	xylene				/
formaldehyde				/	xlenol				/
furfural				/	zirconium				/
guthion				/					
isoprene				/					

- A. KNOWN TO BE PRESENT**  
**B. SUSPECTED TO BE PRESENT**  
**C. KNOWN TO BE ABSENT**  
**D. SUSPECT TO BE ABSENT**

**SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

LIPD CHEMICALS, INC

Name of Applicant

**TRADE NAME:** Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

SAME

Trade Name/Fictitious Name

**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietorship    | <input type="checkbox"/> Trust                     |
| <input type="checkbox"/> Partnership            | <input type="checkbox"/> Joint Venture             |
| <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Non-Profit Corporation    |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe)       |  |

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: IAN VAUGHAN

Street Address: 207 19<sup>th</sup> AVENUE

City, State & Zip Code: PATERSON, NJ 07504

Business Telephone: 973-345-8600

Emergency Telephone: 908-222-2963

**SECTION TWO**

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: SAMUEL BORNSTEIN, ESQUIRE  
Company Name: \_\_\_\_\_  
Street Address: 80 ROUTE 46 E  
City, State & Zip Code: PARAMUS, NJ 07652

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State: NEW JERSEY  
Date: JULY 1, 1976

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

**FORM OF PARTNERSHIP:** Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: N/A  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

**SECTION FOUR**

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

N/A

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 11/17/03

Signature

*Jan Vaughn*

DIRECTOR OF OPERATIONS

Print Title & Position

Mr. Ian Vaughan  
Lipo Chemicals  
207 19th Ave.  
Paterson, NJ 07504

Report Date: 11/13/2003  
Lab Job Number: R895  
Lab Sample ID: 474270  
Date Sampled: 10/24/2003  
Date Received: 10/24/2003

Sample Description: Permit Renewal - Outlet\_1\_Grab

Results	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
WETCHEM							
pH (Field Measured)	std unit	0.0	150.1	--	--	10/24/2003	
Oil & Grease	mg/l	10.0	413.1	--	--	11/08/2003	1.0
Total Petroleum Hydrocarbons (418.1)	mg/l	1.0	418.1	--	--	10/29/2003	1.0

Report Date: 11/13/2003  
 Lab Job Number: R895  
 Lab Sample ID: 474271  
 Date Sampled: 10/24/2003  
 Date Received: 10/24/2003

Mr. Ian Vaughan  
 Lipo Chemicals  
 207 19th Ave.  
 Paterson, NJ 07504

## Sample Description: Permit Renewal - Outlet\_1\_Comp

	Results	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
<b>METALS</b>								
Cadmium	<0.40	ug/l	0.40	200.7	--	--	10/30/2003	1.0
Copper	36.6	ug/l	3.7	200.7	--	--	10/30/2003	1.0
Lead	10.5	ug/l	2.3	200.7	--	--	10/30/2003	1.0
Mercury	<0.10	ug/l	0.10	245.1	--	--	10/29/2003	1.0
Nickel	7.5	ug/l	1.6	200.7	--	--	10/30/2003	1.0
Zinc	141	ug/l	5.8	200.7	--	--	10/30/2003	1.0
<b>WET CHEM</b>								
BOD	1890	mg/l	5.0	405.1	--	--	10/24/2003 04:00 PM	10.0
COD	6560	mg/l	10.0	410.4	--	--	10/28/2003	25
Ammonia	<0.1	mg/l	0.1	350.1	--	--	11/05/2003	1.0
Total Organic Carbon	1030	mg/l	1.0	415.1	--	--	11/09/2003	50
Total Phenols	<0.05	mg/l	0.05	420.2	--	--	11/03/2003	1.0
Total Solids	595	mg/l	10.0	160.3	--	--	10/28/2003	1.0
Total Suspended Solids	2000	mg/l	10.0	160.2	--	--	10/29/2003	10.0
Total Volatile Suspended Solids	1990	mg/l	10.0	160.4	--	--	10/29/2003	10.0
Volatile Solids	372	mg/l	10.0	160.4	--	--	10/28/2003	1.0

Mr. Ian Vaughan  
Lipo Chemicals  
207 19th Ave.  
Paterson, NJ 07504

Report Date: 11/13/2003  
Lab Job Number: R895  
Lab Sample ID: 474272  
Date Sampled: 10/24/2003  
Date Received: 10/24/2003

Sample Description: Permit Renewal - Outlet\_2\_Grab

Results		Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
WET CHEM								
pH (Field Measured)	7.23	std unit	0.0	150.1	--	--	10/24/2003	
Oil & Grease	<10.0	mg/l	10.0	413.1	--	--	11/08/2003	1.0
Total Petroleum Hydrocarbons (418.1)	2.4	mg/l	1.0	418.1	--	--	10/29/2003	1.0



Report Date: 11/13/2003  
 Lab Job Number: R895  
 Lab Sample ID: 474273  
 Date Sampled: 10/24/2003  
 Date Received: 10/24/2003

Mr. Ian Vaughan  
 Lipo Chemicals  
 207 19th Ave.  
 Paterson, NJ 07504

## Sample Description: Permit Renewal - Outlet\_2\_Comp

	Results	Unit	Det. Limit	Procedure	Lower Limit	Upper Limit	Analysis Date	Dilution
METALS								
Cadmium	<0.40	ug/l	0.40	200.7	--	--	10/30/2003	1.0
Copper	36.0	ug/l	3.7	200.7	--	--	10/30/2003	1.0
Lead	5.6	ug/l	2.3	200.7	--	--	10/30/2003	1.0
Mercury	<0.10	ug/l	0.10	245.1	--	--	10/29/2003	1.0
Nickel	1.7	ug/l	1.6	200.7	--	--	10/30/2003	1.0
Zinc	42.3	ug/l	5.8	200.7	--	--	10/30/2003	1.0
WET CHEM								
BOD	225	mg/l	5.0	405.1	--	--	10/24/2003 04:00 PM	1.0
COD	412	mg/l	10.0	410.4	--	--	10/28/2003	1.0
Ammonia	1.9	mg/l	0.1	350.1	--	--	11/05/2003	1.0
Total Organic Carbon	810	mg/l	1.0	415.1	--	--	11/09/2003	50
Total Phenols	<0.05	mg/l	0.05	420.2	--	--	11/03/2003	1.0
Total Solids	452	mg/l	10.0	160.3	--	--	10/28/2003	1.0
Total Suspended Solids	48.0	mg/l	10.0	160.2	--	--	10/29/2003	2.0
Total Volatile Suspended Solids	46.0	mg/l	10.0	160.4	--	--	10/29/2003	2.0
Volatile Solids	183	mg/l	10.0	160.4	--	--	10/28/2003	1.0

# CHAIN OF CUSTODY / ANALYSIS REQUEST

**PAGE 1 OF 1**

Water Metals Filtered (Yes/No)?

Special Instructions			Water Metals Filtered (Yes/No)?		
Relinquished by	Company	Date / Time	Received by	Company	
1) John L. [Signature]	STL	10/24/03 13:50	[Signature]	STL	
Relinquished by	Company	Date / Time	Received by	Company	
2)		1	2)		
Relinquished by	Company	Date / Time	Received by	Company	
3)		1	3)		
Relinquished by	Company	Date / Time	Received by	Company	
4)		1	4)		

Laboratory Certifications: New Jersey (12028), New York (11452), Pennsylvania (68-522), Connecticut (PH-0200), Rhode Island (132).

STL-6003

**SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE**

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

**SECTION ONE**

(To be completed by all applicants)

**NAME OF APPLICANT:** State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Lipo Chemicals, Inc.

Name of Applicant

**TRADE NAME:** Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

SAME

Trade Name/Fictitious Name

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**BUSINESS ORGANIZATION:** Please check the appropriate box:

- |                                     |                     |                          |                           |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/>            | Sole Proprietorship | <input type="checkbox"/> | Trust                     |
| <input type="checkbox"/>            | Partnership         | <input type="checkbox"/> | Joint Venture             |
| <input type="checkbox"/>            | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation    |
| <input checked="" type="checkbox"/> | Corporation         | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/>            | Other (describe)    |                          |                           |

**EMERGENCY CONTACT PERSON:** In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: IAN VAUGHAN

Street Address: 207 19<sup>th</sup> AVENUE

City, State & Zip Code: PATERSON, N.J. 07604

Business Telephone: 973-345-8600 Emergency Telephone: 908-222-2963

**PAST NAMES OF APPLICANT.** List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
<u>N/A</u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

**APPLICANT'S FORMER FACILITIES IN NEW JERSEY.** List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
<u>N/A</u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>

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**APPLICANT'S FACILITIES IN OTHER JURISDICTIONS.** List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA I.D. and/or any permits (nos. and name of issuing agency)</u>
N/A			

## SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

**REGISTERED AGENT:** Identify the name and address of the Corporation's Registered Agent:

Name: SAMUEL BORNSTEIN, ESQUIRE

Company Name: \_\_\_\_\_

Street Address: 80 ROUTE 46 E

City, State & Zip Code: PARANUS, N.J. 07652

Telephone: 201 - 587 - 1117  
(Area Code)

**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: NEW JERSEY

Date: JULY 1, 1976

Certificate of Incorporation No.: SEE ATTACHED

Copy of certificate of incorporation attached? ☒ Yes ☐ No

**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: N/A

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**OFFICERS.** List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: LOUIS B. FRISCHLING Telephone: 973-345-8600  
 Business address: 207 19<sup>th</sup> AVENUE, PATERSON, NJ 07504  
 Office held: PRESIDENT/CEO Date took office: 12/31/96 Date of birth: 01/31/36

Name: ELISA FRISCHLING-FADEN Telephone: 973-345-8600  
 (area code)

Business address: 207 19<sup>th</sup> AVENUE, PATERSON, NJ 07504

Office held: SECRETARY/TREASURER Date took office: 10/21/03 Date of birth: 10/7/62

**DIRECTORS.** List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: LOUIS B. FRISCHLING Telephone: 973-345-8600  
 (area code)

Business address: 207 19<sup>th</sup> AVENUE, PATERSON, NJ 07504

Office held: PRESIDENT/CEO Date took office: 12/31/96 Date of birth: 01/31/36

NAME: ELISA FRISCHLING-FADEN  
 INFORMATION: AS ABOVE

5 of 13

**FORMER OFFICERS AND DIRECTORS:** List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address: DAVID C. STARR 12, YORK PLACE  
N. CALDWELL, NJ, 07006

Position held	From	To (month/year)	Date of birth
SECRETARY / TREASURER	6/1/94	10/20/03	9/16/51

### SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: MARILYN FRISCHLING

Street Address: 502 JORGEN STREET

City, State & Zip Code: LAWRENCE, NY 11559 Bus. Phone \_\_\_\_\_

Name: LOUIS B. FRISCHLING

Street Address: 502 JORGEN STREET

City, State & Zip Code: LAWRENCE, NY 11559 Bus. Phone 973-345-8600

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

**TYPE OF ASSOCIATION:**

Check One

☐ General Partnership☐ Limited Partnership☐ Joint Venture

**GENERAL PARTNERS OR JOINT VENTURERS.** List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: N/A

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**LIMITED PARTNERS.** List the following information as to each limited. Use additional copies of this section as necessary.

Name: N/A

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State &amp; Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_



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**FORMER PARTNERS/JOINT VENTURERS.** List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: N/A  
 Street Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Dates during which individual was a partner: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State & Zip Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Dates during which individual was a partner: \_\_\_\_\_

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

### SECTION FIVE

(This section to be completed only if the business concern is organized in a form **other than** a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

**FORM OF BUSINESS ORGANIZATION:** Describe how the business entity is organized and under what legal authority it was established.

N/A  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type (trust, trade association; estate; etc.)

Copy attached? ☐ Yes ☐ No

**OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC.** List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use **additional copies of this section as necessary.**

Name: N/A

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

## SECTION SIX

### CIVIL VIOLATIONS HISTORY

(To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

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**A. NEW JERSEY VIOLATIONS NOTICES.** List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. **Attach additional sheets if necessary.**

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition & explanation: REFER TO ATTACHMENT A

Name of issuing agency: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**B. FEDERAL VIOLATION NOTICES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. **Use additional copies of this section as necessary.**

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_ Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: NONE KNOWN

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**C. NEW JERSEY MUNICIPALITIES AND COUNTIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of  
entity cited: \_\_\_\_\_

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: NONE KNOWN

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

**D. OTHER STATES AND FOREIGN COUNTRIES.** List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. **Use additional copies of this section as necessary.**

Name of  
entity cited: N/A

Date  
Issued: \_\_\_\_\_

Address of  
alleged violation: \_\_\_\_\_

Alleged violation: \_\_\_\_\_

Type of  
notice: \_\_\_\_\_

Disposition &  
explanation: \_\_\_\_\_

Name of issuing agency: \_\_\_\_\_

Docket no.: \_\_\_\_\_

## SECTION SEVEN

## OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

**A. OTHER JUDGMENTS.** List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:	<u>NONE</u>	Docket No.:	_____
Name & location of court:	_____	Date judgment entered:	_____
Nature of suit:	_____	Amt./terms of judgment:	_____

**B. PENDING SUITS.** List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case:	<u>NONE</u>	Docket No.:	_____
Name & location of court:	_____	Date Filed:	_____
Nature of suit:	_____	Status:	_____

**SECTION EIGHT****CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation.

**NOTE:** You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity  
charged/convicted: NONE

Description of  
crime/offense charged: \_\_\_\_\_

Date  
Charged: \_\_\_\_\_

Jurisdiction  
Where Charged: \_\_\_\_\_

Indictment information,  
Complaint No., indictment No. etc., \_\_\_\_\_

Disposition (if applicable,  
sentence imposed): \_\_\_\_\_

**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:

11/17/03

Signature



DIRECTOR OF OPERATIONS

Print Title &amp; Position

# State of New Jersey

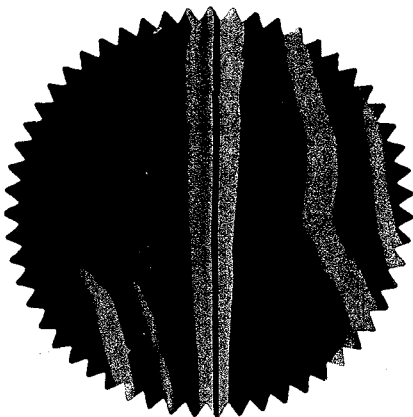


## Department of State.

*I, the Secretary of State of the State of New Jersey, do hereby Certify that the foregoing is a true copy of the Certificate of* Incorporation  
*of* LIPO CHEMICALS, INC.

*and the endorsements thereon, as the same is taken from and compared with the original filed in my office on the* 1st *day of* July *A. D.*  
1976, *and now remaining on file and of record therein.*

*In Testimony Whereof, I have hereunto set my hand and affixed my Official Seal at Trenton, this* 28th  
*day of* September *A. D. 19* 76



*J. Edward C. ...*

*Secretary of State.*



**ATTACHMENT A****NEW JERSEY VIOLATIONS NOTICES**

Lipo Chemical, Inc.  
207 19<sup>th</sup> Avenue  
Paterson, NJ 07504

- 1) Date: April 9<sup>th</sup> 2000  
Alleged Violation: NJSA 58:14-1 (Chloroform & Phthalates)  
Type of notice: Complaint  
Disposition: Consent order filed May 3<sup>rd</sup> 2000  
Name of Agency: PVSC  
Docket No: C-117-00
- 2) Date: June 15<sup>th</sup> 2000  
Alleged Violation: PVSC Rules 313.1 (Zinc)  
Type of notice: Notice of Violation  
Disposition: Penalty paid  
Name of Agency: PVSC
- 3) Date: August 15<sup>th</sup> 2000  
Alleged Violation: PVSC Rules 312.1 (D) (TPNC)  
Type of notice: Notice of Violation  
Name of Agency: PVSC
- 4) Date: January 16<sup>th</sup> 2002  
Alleged Violation: NJSA 58:14-1 (Zinc and Phthalates)  
Type of Notice: Complaint  
Disposition: Settled via Consent Order filed February 4<sup>th</sup> 2002  
Name of Agency: PVSC  
Docket No: C-22-02

DONALD TUCKER  
CHAIRMAN

CARL S. CZAPLICKI, JR.  
VICE CHAIRMAN

ANTHONY W. ARDIS  
FRANK J. CALANDRIELLO  
ALAN C. LEVINE  
ANGELINA M. PASERCHIA  
KENNETH R. PENGITORE  
THOMAS J. POWELL  
COMMISSIONERS



Passaic Valley  
Sewerage Commissioners

100<sup>th</sup> Anniversary  
1902 - 2002

600 WILSON AVENUE  
NEWARK, NJ 07105  
(973) 344-1800  
Fax: (973) 344-2951  
www.pvsc.com

ROBERT J. DAVENPORT  
EXECUTIVE DIRECTOR

JAMES KRONE  
DEPUTY EXECUTIVE DIRECTOR

JOSEPH A. FERRIERO  
CHIEF COUNSEL

LOUIS LANZILLO  
CLERK

Industrial Fax: (973-344-4876)

## RECEIPT

RECEIVED FROM Lipo Chemical

AMOUNT OF PAYMENT 750.00 DATE OF PAYMENT 11/26/03

A/ MR-1 , MR-2 REPORT DUE ON \_\_\_\_\_ ( LATE REPORT )

B/ SV FINE, CONSENT ORDER ( EFFLUENT VIOLATION )

C/ SEWER USE APPLICATION FEE	\$ 750.00
GROUNDWATER APPLICATION FEE	\$ 750.00
LETTER OF AUTHORIZATION	\$ 200.00
PERMIT FEE PER YEAR	\$ 300.00
PERMIT FEE PER YEAR	\$ 600.00
OTHER	\$

PAYMENT RECEIVED BY:

SIGNATURE

Louis Fitzgerald

AMOUNT

750.00

DATE

12/2/03

LIPO CHEMICALS, INC.

087454

INVOICE NO.	DESCRIPTION	INV. DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
27200035 '04	9/16/03 INVOICE		750.00		750.00

INDUSTRIAL 120-2521			
8110	8115	8120	8205
NOV 26 2003			

87454

750.00

750.00

**LIPO**  
LIPO CHEMICALS INC  
207 NINETEENTH AVENUE  
PATERSON, NJ 07504-2193

Payable at  
**THE BANK OF NEW YORK** (Delaware)  
Newark, DE (19714)  
62-35  
311

087454

11/24/03 87454

SEVEN HUNDRED FIFTY DOLLARS 00 CENTS

PAY  
TO THE  
ORDER  
OF

PASSAIC VALLEY  
SEWERAGE COMMISSIONERS  
600 WILSON AVENUE  
NEWARK, NJ 07105

DATE

AMOUNT

\*\*\*\*\*750.00

⑈087454⑈ ⑆031100351⑆ ⑈0300915030⑈

PASSAIC VALLEY SEWERAGE COMMISSIONERS  
APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL	120-2521
8110	8115 8120 8205
NOV 26 2003	

## SECTION A

- Company Name: LIPD CHEMICALS, INC.
- Permit Number if applicable: 27200035
- Location: 207 19<sup>th</sup> AVENUE  
PATERSON N.J. Zip Code: 07604
- Mailing Address: "SAME"  
Zip Code: \_\_\_\_\_
- Person to contact concerning information provided in this application:  
Name of Contact Official: TAN VAUGHAN  
Title: DIRECTOR OF OPERATIONS Phone No.: 973-345-8600  
Address: "SAME" Zip code: \_\_\_\_\_
- Number of Employees – Full Time: 81 Part Time: 4  
Number of Work Days Per Year: 252  
Number of Shifts Per Day: 2
- If property is owned indicate block and lot number(s): BLOCK L1476, LOTS 1, 2 + 10;  
BLOCK L1475, LOTS 2, 3, 4 + 5; BLOCK L1475, LOT 11 AND BLOCK L1466, LOTS 4, 24 + 25  
Assessed Value: \$5,780,000 AS OF DECEMBER 2000
- If property is rented indicate name and address of owner: N/A

Total square feet rented: N/A

- List NJPDES Permit Number if applicable, N/A and  
Name of receiving Body of Water entered N/A

LIPO CHEMICALS, INC.

087454

INVOICE NO.	DESCRIPTION	INV. DATE	GROSS AMOUNT	DISCOUNT AMOUNT	NET AMOUNT
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NOV 26 2003			

87454

750.00

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207 NINETEENTH AVENUE  
PATERSON, NJ 07504-2193

087454

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Newark, DE 19714  
62-35  
311

11/24/03 87454

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600 WILSON AVENUE  
NEWARK, NJ 07105

DATE

AMOUNT

\*\*\*\*\*750.00

⑈087454⑈ ⑆031100351⑆ ⑆0300915030⑈